

# GE MasterCard Corporate Payment Services

## MasterCard Corporate Card Application ALL INFORMATION REQUIRED

**Employee:** Please print clearly and completely. Incomplete applications cannot be processed.

Cardholder's Name (First, Middle Initial, Last)	Social Security Number (Security Code)
Street Address	Home Phone Number (    )
City, State, Zip Code	Business Phone Number (    )
E-mail Address	Date of Birth (Required by Federal Patriot Act)

### CARD HOLDER AGREEMENT

(PLEASE READ PRIOR TO SIGNING)

I request that GE Capital Financial Inc. issue a Corporate GE MasterCard (Corporate Card) to me. I understand and agree that the Corporate Card must be used only in accordance with the GE Capital Financial Inc. Corporate cardholder agreement (the "Cardholder Agreement") to be provided with the Corporate Card and with the Travel Policy of the Commonwealth of Virginia sponsoring this card program (the Company"). I agree to surrender the Corporate Card and discontinue use immediately upon request or upon termination of my employment for any reason. I agree to be bound by the Cardholder Agreement and I will sign the Corporate Card as soon as I receive it. My use of the Corporate Card will also indicate my acceptance of the Corporate Card and the terms of the Cardholder Agreement. I understand that any use of the account number without the Corporate Card, however initiated, shall also be deemed to be use of the Corporate Card and acceptance of the Cardholder Agreement.

I understand and agree that the Corporate Card is only for authorized business purposes of the Commonwealth of Virginia and not for personal, family or household purposes. I am solely responsible for payment of the card regardless if I have received reimbursement. I understand and agree that all information relating to me and/or my Corporate Card Account may be shared with the Commonwealth of Virginia to assist them in maintaining their records, managing business related expenses and coordinating collection efforts, among other things. I understand and agree that this information will not be kept confidential from the Commonwealth of Virginia.

**Federal law requires us to obtain, verify, and record information that identifies you when you open an account. We will use your name address, date of birth and tax identification number for this purpose.**

Cardholder Signature Signed	Date
Supervisor Signature	Date

### To be filled out by the Program Administrator

Agency Name	Agency Number		
Credit Limits: _____ (*not to exceed \$5,000 w/o DOA approval)	Fixed Cash Limit: _____ (*not to exceed \$500 w/o DOA approval)		
<b>Cardholder Profile - Retail Limits (please check one) Cannot exceed \$500 w/o DOA Approval</b>			
<input type="checkbox"/> \$0 (COV0000)	<input type="checkbox"/> \$50 (COV0050)	<input type="checkbox"/> \$250 (COV0250)	<input type="checkbox"/> \$500 (COV0500)
<b>Hierarchy Level:</b>			
Level 1: 03000	Level 2: _____	Level 3: _____	
<b>Program Administrator – Authorizing signature for card issuance</b>			
Program Administrator Name (first, Middle Initial, Last)	Office Number (Area Code, Phone Number)	Email Address	
		Fax Number	
Program Administrators Signature	Date Signed		

Internal use only

Bank#:

Agent#:

Company#: